



valley christian P R E S C H O O L

Training up children in the way they should go since 1968

BARBARA WILSON . Director

Welcome to Valley Christian Preschool! We are happy to have the opportunity to work with your child!

We are an academic and Bible believing preschool. We teach the children using the Abeka program from Pensacola Christian College. We prepare the children for their next stage in their life whether it be for the 4-year-old classroom or kindergarten.

We accept 3 and 4 year olds whose birthdays are before September 1st respectively. If your child is 3 or 4 years old and is **NOT** potty trained, you must first potty train your child before I can add them to the wait list. No diapers or Pull-ups are allowed.

We no longer provide snacks or lunch. Each child must bring their own snacks and lunch to school. **NO NUTS** of any kind are allowed because of life threatening allergies. Food must be nutritious, non-refrigerated and non-microwaveable.

You will find the application forms below. Please read this page before filling out the following papers. Please read and sign all papers. Please return all papers to Mrs. Wilson, including the Physician's Report. Also due with the completed application is a copy of your child's immunization record. You will also need to pay the registration fee of \$225.00 – cash or check. You will receive a credit of \$125.00, to your account, if you attend the Family Foundations seminar in September.

If you do not wish to attend the summer session you must also pay a July and August retention fee to guarantee your spot for the fall school year. The fee is \$250.00 per month. This fee is non-refundable and does not go towards your tuition.

Once I have your application you must sign up with our online tuition program. You will then be charged for the current tuition. The book fee will be added in August. A \$40.00 late charge will be added to your account if you do not pay by your date due. The online service fee is \$50.00, once a year. It is a family fee, not a per child fee.

Summer session is Thursday, July 1 – Friday, August 13, 2021. We are **CLOSED** Monday, July 5 for Independence Day. We are **CLOSED** August 16-23, 2021 for Teacher in Service. Fall session begins Tuesday, August 24, 2021.

California State Law requires Immunization Records, all shots up to date, and a signed Physician's Report before a child can be accepted into the preschool.

Immunizations needed are as follows:

3- Polio 4- DTaP 1- MMR 3- HEP B 3- Hibs – the last one on or after their first birthday
1- Varicella – the chicken pox shot or has a Doctor's note that they have had the disease.

If you have any questions, please call me at 805-937-2171. Thank you again for considering Valley Christian Preschool!

Sincerely,

Barbara Wilson, Director

Items needed in child's cubby:

A mat and blanket for nap, a pillow is optional. All are to be taken home every Friday or the last day they are in attendance that week to be washed.

No Diapers or Pull ups!! Every child must be Fully Potty Trained!

At least one change of clothes in case of sickness or bathroom accidents (pants, shirt, socks and underwear).

2970 SANTA MARIA WAY . SANTA MARIA . CA . 93455

805.937.2171 www.vcplions.com

A ministry of First Baptist Church



valley christian

PRESCHOOL

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Waiver of Liability Relating: Coronavirus/COVID-19

On March 11, 2020, the World Health Organization declared the novel coronavirus, COVID-19, a pandemic. COVID-19 is highly contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Valley Christian Preschool (VCP) has numerous safeguards in place to reduce the spread of COVID-19; however, Valley Christian Preschool cannot guarantee that you or your family, including your child(ren), will not become exposed to or infected with COVID-19. Further, because of the number of individuals involved in the ministry of Valley Christian Preschool and the fact that many infected individuals appear to be asymptomatic, attending VCP could increase your and your child(ren)'s risk of contracting COVID-19.

By signing this waiver, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19. I also acknowledge that by attending VCP and any of its school activities, such exposure or infection may result in personal injury, illness, disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at VCP may result from the actions, omissions, or negligence of myself and others, including, but not limited to, school employees, contractors, volunteers, members, and participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense of any kind that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Valley Christian Preschool or participation in any school events. On my behalf and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Valley Christian Preschool, its employees, agents, and representatives, from, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Valley Christian Preschool, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Child

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Dear Parents,

Although it is not required, licensing is strongly demanding that the enrolled children wear masks. Page three of their Covid-19 Update Guidance: for child care programs and provider's states: "Children aged 2 years and older should wear face coverings, especially when indoors or when a 6-foot physical distance from others cannot be maintained." It does not state that it is mandatory. We are keeping a 6-foot distance inside and teachers are wearing masks. When playing outside, unless you as a parent require your child to wear a mask, the children will not wear them. The children will not wear masks during eating or at naptime.

Please sign below that you have read this paper and please check which option you prefer. I must have documentation for licensing.

- 1.) Yes, my child will wear a mask (You **MUST** put their name on the outside of the mask. This is so we are not handling your child's mask!)

Please sign_____

- 2.) No, my child will not wear a mask due to a medical condition.

Please sign_____

- 3.) I will try, but my child is having a hard time with masks. (again, you **MUST** put your child's name on the outside of the mask so we are not handling it!)

Please sign_____

Child's name_____

Sincerely, Barb Wilson, Director, Valley Christian Preschool

Valley Christian Preschool 2021-2022

Summer/Fall Admissions /Financial Agreement

Registration Fee: \$225.00. This fee is NON-REFUNDABLE . If one parent attends the Parenting Class (dates to be announced) you will receive a \$125.00 credit towards your tuition in October 2021

We accept 3 and 4 year olds with their birthday before September 1st for their respective age. Everyone must be fully potty trained—no diapers, no pullups.

Book Fee: This fee is NON-REFUNDABLE and covers the cost of the classroom text books.

3 Year olds: \$120.00, 4 year old classrooms \$150.00

The following tuition rates are per month:

	<u>5 Days</u>	<u>4 Days</u>	<u>Extra Per Day</u>
Full Day	\$800.00	\$720.00	\$45.00

*15% Discount off additional family member tuition in the Preschool only.

For the Christmas and Easter Holidays, a prorated option will be given for time off.

All fees and tuitions are to be paid through an online service. This service charges a once a year \$50.00 service fee charged to your account. This fee is non-refundable.

Each child must provide their own snacks and lunch. Our morning snack is 9:00am. Lunch is 11:30am and afternoon snack is at 3:00pm. Nutritious food must be in a lunch box, labeled with child's name. No refrigeration and no microwave meals. Also and most importantly, because of allergies, NO NUTS of any kind.

Children may be enrolled for full-time sessions four-five days a week. Our hours of operation are from 7:30 am to 5:00 pm, Monday-Friday. A full day is arrival by 8:30 am and a dismissal any time after 2:30pm. Your child may come any time after the opening time of 7:30 am, but **must be in by 8:30 am when academics begin each day**. If your child is not coming to school on his or her scheduled day or if they are going to be in after 8:30 am, please call the office. On occasion we allow other students to attend in their place on that day. Our number is 805-937-2171.

Our summer program runs from July 1, 2021-August 13, 2021. We will be **CLOSED**, Monday July 5 for Independence Day. August 16-23, 2021 is our Teacher in Service and we will be **CLOSED**.

2021-2022 School year begins on Tuesday, August 24 2021.

Please continue on to page 2 and sign. Thank you! You may keep page 1-return page 2 completed.

Agreement:

1. Valley Christian Preschool hereby agrees to give you a 30 day written notice in case of any modification of the agreement which would include a change in tuition rates.
2. Valley Christian Preschool hereby agrees to give you a two-week written notice of termination in case any of the following occur:
 - A. Your tuition account becomes two months in arrears.
 - B. Your child is behaving in an unsatisfactory manner.
 - C. You make a habit of picking your child up after the regular school dismissal time without notice.
3. We hereby agree to give Valley Christian Preschool a one month written notice if we decide to take our child out of preschool or pay for the entire month.
4. We hereby agree to pay our financial obligation to Valley Christian Preschool on the date due. We understand that there are **NO REFUNDS OR MAKE UP DAYS FOR ABSENCES.** We further understand that there will be a late charge for children who are not picked up at the regular school dismissal time of 5:00 p.m., which will be **AUTOMATICALLY** added to your child's account. The charge will be \$1.00 for each minute.
5. We hereby agree to comply with all the rules and regulations of the Valley Christian Preschool regarding attendance, health, clothing and other items specified in the Parent Hand-book. We also agree to support the school in any necessary disciplinary action. We hereby authorize Valley Christian Preschool to employ such discipline as seems wise and expedient. Valley Christian Preschool **DOES NOT USE CORPORAL PUNISHMENT.**

The licensing agency (Santa Barbara County) shall have the authority to interview children and staff, and to inspect and audit child or facility records without prior consent. Also, the licensing agency shall have the authority to observe the physical condition of the child including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional physically examine the children.

Child's Name

Father's signature

Father's Social Security Number

Mother's Signature

Mother's Social Security Number

SCHEDULE OF ATTENDANCE

Child's Name _____

Hours of Operation: 7:30am – 5:00pm, Monday - Friday

Valley Christian Preschool does not discriminate on the basis of race, color or national origin.

1. NOTE: All students MUST arrive by 8:30 am which begins our school day. Children may arrive as early as 7:30 am and stay as late as 5:00 pm. All students who are late being picked up will be charged \$1.00 a minute.
2. Please mark which days you wish your child to attend:
3. ☐ Monday through Friday – Full day
☐ Four full days (please give days) _____

GENERAL INFORMATION

Has your child been in a Preschool or Day Care before? ☐ Yes ☐ No

***Please supply your email address for us to email you in the case of emergency or school wide notifications:**

I give First Baptist Church/ Valley Christian Preschool permission to use any pictures of my child in school publications, local newspapers, school brochures, VCP website and Facebook

☐ YES ☐ NO

Parent Handbook – I have read the Parent/Student Handbook.

I have received the flyer on lead poisoning (please sign)

My child is in underwear and fully potty trained (please sign)

Signature _____

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS,
SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN
AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY
CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT
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**CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Children's Residential Facilities**

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED

ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation or a marijuana-related offense covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclid.ca.gov/contact.htm>.

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing

Licensing Office Address: 6500 Hollister Ave Suite 200 Goleta, Ca. 93117

Licensing Office Telephone #: 805-562-0400

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Valley Christian Preschool

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

Community Care Licensing

NAME

6500 Hollister Ave Suite 200

ADDRESS

Goleta, Ca. 93117

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

805-562-0400

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Valley Christian Preschool

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

2970 Santa Maria Way Santa Maria Ca. 93455

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Valley Christian Preschool
2021-2022 Disaster Emergency Form

Name of child _____ Date of Birth _____

Address _____

Father's Name _____ Cell phone _____

Name of Employer _____ Business phone _____

Mother's Name _____ Cell phone _____

Name of Employer _____ Business phone _____

Medical Insurance Co. _____ Policy # _____

Name of persons (other than parents) authorized to take child from Valley Christian Preschool in the event of a disaster **(must be local)**:

	Name	Phone	Relationship to child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

To Be Completed at Time of Disaster

Signature of adult (18 years or older) picking up child _____

Identification _____ **Time child released** _____

Consent for Medical Treatment

As parent, agency representative or legal guardian, I hereby give consent to Valley Christian Preschool to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for _____.
This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

My child has the following medication allergies: _____

Parent/Agency Representative/Guardian Signature: _____

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)
Valley Christian Preschool _____ . This Child Care Center/School provides a program which extends from 7 : 30
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to 5pm a.m./p.m. , 5 days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____
Vision: _____ Insect stings: _____
Developmental: _____ Food: _____
Language/Speech: _____ Asthma: _____
Dental: _____
Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

POTENTIAL SOURCES OF LEAD

- Old paint, especially if it is chipped or peeling or if the home has been recently repaired or remodeled
- House dust
- Soil
- Some imported dishes, pots and water crocks. Some older dishware, especially if it is cracked, chipped, or worn
- Work clothes and shoes worn if working with lead
- Some food, candies and spices from other countries
- Some jewelry, toys, and other consumer products
- Some traditional home remedies and traditional make-up
- Lead fishing weights and lead bullets
- Water, especially if plumbing materials contain lead

SYMPTOMS OF LEAD EXPOSURE

Most children who have lead poisoning do not look or act sick. Symptoms, if any, may be confused with common childhood complaints, such as stomachache, crankiness, headaches, or loss of appetite.



OPTIONS FOR LEAD TESTING

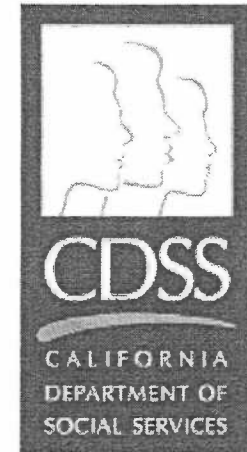


A blood lead test is free if you have Medi-Cal or if you are in the Child Health and Disability Prevention Program (CHDP). Children on Medi-Cal, CHDP, Head Start, WIC, or at risk for lead poisoning, should be tested at age 1 and 2. Health insurance plans will also pay for this test. Ask your child's doctor about blood lead testing.

For more information, go to the California Childhood Lead Poisoning Prevention Branch's website at www.cdph.ca.gov/programs/clppb, or call them at (510) 620-5600.

(The information and images found on this publication are adapted from the California Department of Public Health Childhood Lead Poisoning Prevention Program.)

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EFFECTS OF LEAD EXPOSURE

Children 1-6 years old are the most at risk for lead poisoning.

- Lead poisoning can harm a child's nervous system and brain when they are still forming, causing learning and behavior problems that may last a lifetime.
- Lead can lead to a low blood count (anemia).
- Even small amounts of lead in the body can make it hard for children to learn, pay attention, and succeed in school.
- Higher amounts of lead exposure can damage the nervous system, kidneys, and other major organs. Very high exposure can lead to seizures or death.

LEAD POISONING FACTS

- Buildup of lead in the body is referred to as lead poisoning.
- Lead is a naturally occurring metal that has been used in many products and is harmful to the human body.
- There is no known safe level of lead in the body.
- Small amounts of lead in the body can cause lifelong learning and behavior problems.
- Lead poisoning is one of the most common environmental illnesses in California children.
- The United States has taken many steps to remove sources of lead, but lead is still around us.

IN THE US:

- Lead in house paint was severely reduced in 1978.
- Lead solder in food cans was banned in the 1980s.
- Lead in gasoline was removed in the early 1990s.



LEAD IN
TAP WATER

The only way to know if tap water has lead is to have it tested.



Tap water is more likely to have lead if:

- Plumbing materials, including fixtures, solder (used for joining metals), or service lines have lead in them;
- Water does not come from a public water system (e.g., a private well).

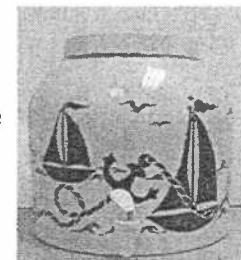
To reduce any potential exposure to lead in tap water:

- **Flush the pipes in your home**
Let water run at least 30 seconds before using it for cooking, drinking, or baby formula (if used). If water has not been used for 6 hours or longer, let water run until it feels cold (1 to 5 minutes).*
- **Use only cold tap water for cooking, drinking, or baby formula (if used)**
If water needs to be heated, use cold water and heat on stove or in microwave.
- **Care for your plumbing**
Lead solder should not be used for plumbing work. Periodically remove faucet strainers and run water for 3-5 minutes.*

- **Filter your water-** Consider using a water filter certified to remove lead.

WARNING!

Some water crocks have lead. Do not give a child water from a water crock unless you know the crock does not have lead.



(*Water saving tip: Collect your running water and use it to water plants not intended for eating.)

For information on testing your water for lead, visit The Environmental Protection Agency at www.epa.gov/lead/protect-your-family-exposures-lead or call (800) 426-4791.

You can also visit The California Department of Public Health's website at <https://www.cdph.ca.gov>.

